



JOHN W. HICKENLOOPER
Mayor

CITY AND COUNTY OF DENVER

DEPARTMENT OF ENVIRONMENTAL HEALTH
Nancy J. Severson, Manager

SDMS Document ID



2046680

Division of Environmental Quality
201 W Colfax Ave Dept 1009
Denver, CO 80202
PHONE: (720) 865-5452
FAX: (720) 865-5534
www.denvergov.org/DEH

April 13, 2006

Victor Ketellapper, P.E.
Project Manager
U.S. Environmental Protection Agency – Region VIII
Superfund Program
999 18th St., Suite 300
Denver, Colorado 80202-2466

2006 APR 17 AM 7:15
EPA REGION VIII
SUPERFUND BRANCH

Dear Mr. Ketellapper:

The combined February and March (2006) monthly status reports for the VB/I-70 Community Health Program are appended. As always, please feel free to contact me if you have any questions or would like to modify the content, format, or distribution of future reports.

Sincerely,

Martha F. Hoff, CIH, CSP
VB/I-70 Community Health Program Administrator

Enclosures (5)

VB/I-70 CHP February and March 2006 Program Activities Report
VB/I-70 February and March 2006 Steering Committee Report
VB/I-70 CHP February and March 2006 Arsenic Data and Case Management Subcommittee Report
VB/I-70 CHP February and March 2006 Biomonitoring Subcommittee Report
VB/I-70 CHP Lead Data and Case Management Meeting Notes – 02/13/2006 and 03/13/2006
VB/I-70 CHP February and March 2006 Small Grants and Community Funds Report

cc:

Lorraine Granado – Cross Community Coalition
Beverly Lumumba, Ph.D. – Clayton Neighborhood Association
Michael Maes – Swansea Neighborhood
Gloria A. Shearer – Cole Neighborhood Association
Akwe Starnes – Whittier Neighborhood Association
Anthony Thomas – Civic Association of Clayton
Jim Weaver – Cole Neighborhood Association
Raquel Holquin – CEASE
Joan Hooker – Clayton Neighborhood Association

(via email only):

Sandy Douglas – Cole Neighborhood Association
Celia VanDerLoop – City and County of Denver, Department of Environmental Health
Bill Benerman – City and County of Denver, Department of Environmental Health
Gene Hook – City and County of Denver, Department of Environmental Health
Jason Salas – City and County of Denver, Department of Environmental Health
Beverly Tafoya-Dominguez – City and County of Denver, Department of Environmental
Health
Jennifer Chergo – U.S. Environmental Protection Agency, Region VIII
Patricia Courtney – U.S. Environmental Protection Agency, Region VIII
Jane Mitchell – Colorado Department of Public Health and Environment
Mishelle Macias – Colorado Department of Public Health and Environment
Wendy Hawthorne – Northeast Denver Housing Center
Clementine Pigford – Northeast Denver Housing Center
Tonya Hope – c/o Northeast Denver Housing Center
Paul Melinkovich, M.D. – Denver Health and Hospital Authority
Mark Anderson, M.D. – Denver Health and Hospital Authority/PEHSU
Chris Poulet – Agency for Toxic Substances and Disease Registry
George Weber – George Weber Inc. Environmental

**VB/I-70 Community Health Program
February and March 2006 Status Report
Program Activities Report**

February and March Activities and Tasks

Health Education and Community Outreach

Community Health Workers

- Continued canvassing activities as permitted by weather; canvassing numbers through 03/31/2006 are found at the end of this report.
- Participated in EPA Working Group meeting on 02/02/2006.
- Assisted in development of 2005 biomonitoring outreach data review and summary.

Program Management, Development, Administration and Community Partnership Management

- Continued data entry of year one field data; current field data entered weekly.
- Retooled home visit evaluation project using a phone survey protocol.

Development

- Real Estate/contractor/vendor outreach activity summary is found at the end of this report.
- Reassessed printing options for producing folder with indexed dividers for outreach material.

Administration

- Finalized budget for DHHA contract amendment for second year program services.
- Began final year one budget analysis after receipt of 2005 DEH final close financial data.
- Began preparations to hire up to eight additional CHWs (approximately 20 hours/week positions).
- Began draft amendment of CHW contract to include translation services.
- Initial NDHC interior mini-investigation summary found at the end of this report.

Community Partnership

- Sent community members via email the proposed second visit format/content outline; received favorable comments to proceed with visit development per outline.
- Jay Salas transitioned to ODG (Outreach Development Group) lead due to the loss of the program's health educator. (All future ODG and Outreach and Education Subcommittee activities will be reported on in the Community Partnership report section.)

Biomonitoring

- See Biomonitoring Subcommittee February and March report, as submitted.

Lead and Arsenic Data/Case Management

- Worked with DHHA medical/mapping programmer to define basic VB/I-70 lead data maps.
- See Arsenic Data and Case Management Subcommittee February and March report, as submitted.
- See Lead Data and Case meeting notes for 02/13/2006 and 03/13/2006.

April Activities and Tasks

Health Education and Outreach

Community Health Workers

- Continue with canvassing, home visit evaluation, and data entry tasks.

Program Management, Development, Administration and Community Partnership Management

- Continue with home visit evaluation project using new phone survey protocol.
- Begin task organization to support 2006 biomonitoring.

Development

- Develop final outline, materials, and conversation pathways for second home visit.
- Follow established timeline to complete real estate/contractor/vendor outreach.
- Develop and submit year three canvassing and contractor outreach budget to EPA.

Administration

- Compile first program year budget report for EPA.

Community Partnership

- Continue to support community and EPA partnership in obtaining remaining sampling access agreements and in identifying properties not on master list.
- Develop any new outreach material identified for second home visit with ODG.
- Begin compiling community event master list – summer/fall 2006.

Future Activities and Task

Health Education and Outreach

Community Health Workers

- As time permits, assist in developing methods to reach mothers with newborns to provide early intervention education; conduct focused “mini” outreach campaign if feasible.
- As time permits, assist in developing “parent-pack” outreach materials.
- Participate in training on second home visit content.

Program Management, Development, Administration and Community Partnership Management

- Define additional program outreach methods and audiences, as necessary.
- Evaluate and analyze program data.

Development

- Develop methods to reach mothers with newborns – early intervention focus.
- Develop “parent-pack” lead poisoning educational material.
- Compile summary of review of ROD, cooperative agreement, and CHEOP along with overarching matrix of goals, objectives, and evaluation parameters.
- Assess out-sourced printing options for producing folder with indexed dividers for outreach material.

Administrative

- Release first program year data and evaluation report.

Community Partnership

- Work with Cross Community Coalition to develop a newsletter article on CHP.
- As time permits, partner to develop display “collage poster” of Mexican candy lead hazards; use in outreach activities.

Residential Canvassing Statistics
Period Ending 03/31/2006
[Jay Salas – DEH]

Clayton				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
765	271	367	34	1403

Cole				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
612	613	14	26	1239

Swansea/Elyria				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
180	122	3	5	305

Globeville				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
51	24	0	2	75

Curtis Park/Five Points				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
63	29	6	3	98

VB/I-70 Summary				
Not Home	Home Visit	Partial Visit	Access Agreement	Total Contacts
1671	1509	390	70	3120

Definitions

Not Home – A residence where contact was attempted, but no was at home.

Home Visit – A residence where a *complete* home visit has been made.

Partial Visit – A residence where a home visit is in process; a home visit is not considered complete until all follow-up activity has been completed (e.g. phone call, EPA referral, additional information request, etc.).

Access Agreement – A residence where a soil sampling access agreement was obtained by the CHW via a home visit.

Total Contacts – Sum of not home, home visit, and partial visit contacts.

**Real Estate/Contractor/Vendor Outreach
Immediate and Midterm Activities Report
[Elizabeth Schiffman – DEH]**

- Focus group meeting – schedule for late April.
- Real Estate
 - Realtor Rally – 3/8/2006
 - VB/I-70 listing companies/agents
 - Compilation of initial address (REColorado.com ID's company only)
 - Assembling draft outreach packet
 - Target mailing date: mid-May
 - Housing inspectors – professional association ID'd; assessing viable outreach methods
 - Neighborhood newspapers and local publications – assembling to target buyers
 - State Real Estate Commission – contacted to assess viable outreach methods
 - CO Real Estate News – quarterly newsletter; target publication date of early summer
 - Colorado Association of Realtors – contacted to assess viable outreach methods
 - Colorado REALTOR Magazine – target publication of early summer
 - Local realtors board newsletters – target publication mid-summer
- Contractors
 - VB/I-70 and immediate area contractors – businesses
 - Initial business zip code search complete; compiling mailing list
 - CHWs collecting field observations
 - Assembling draft outreach packet
 - Target mailing date: mid-May
 - Interest list (8-hour lead-safe work practices training) maintained as outreach continues; schedule when list meets minimum trainer's minimum number
 - Resident contractors and self home remodelers
 - ✓ CHWs collecting contact information during home visits
 - ✓ Developing ~2 hour lead-safe work practices training; offer summer and fall
 - ✓ Developing "event" outreach table (staffed by construction CHWs) for community events, supply and home improvement stores
 - Painting and Decorating Contractors of America (PDCA) -Colorado Chapter contacted; no Colorado newsletter; member address listed on-line; outreach mailing by: mid-May; presentation possible
 - Denver contractor licensing – obtaining sample lists and assessing viability as tool
 - Denver work permits – obtaining sample lists and assessing viability as tool

**Northeast Denver Housing Center
Lead Interior Mini-investigations
[Wendy Hawthorne – NDHC]**

Units Completed through 03/31/2006

Investigations have been completed in five units. The occupants have been provided with a report and information on lead-safe work practices and lead poisoning prevention. Lead based paint hazards were found in each unit. The table below shows the types of hazards found.

Types of Hazards Identified

	Number of units
Paint hazards	4
Dust hazards	3
Children under six	17

Initial investigations have been completed on two additional units, but results have not been returned yet.

**VB/I-70 Community Health Program
February and March 2006 Status Report
Steering Committee Report**

Steering Committee	
US EPA Region VIII	Victor Ketellapper
	Patricia Courtney
DEH	Celia VanDerLoop
	Gene Hook
	Jay Salas
	Martha Hoff - chair
ATSDR	Chris Poulet
DHHA/PEHSU	Mark Anderson, MD
CDPHE	Mishelle Macias
	Jane Mitchell
Community	Gloria Shearer

Steering Committee Tasks
<ol style="list-style-type: none"> 1. Develop a Memorandum of Agreement (MOA) describing the roles of various agencies, responsibilities, reporting, information flow, and general funding responsibilities. <i>pending review – Denver City Attorney's Office</i> 2. Provide regular updates on program activities as required. <i>ongoing</i> 3. Review, approve, and coordinate planning, reporting, and activities of the program, Steering Committee, and its subcommittees. <i>ongoing</i> 4. Resolve disputes that arise through the course of the program and issues that are not resolved in subcommittees. <i>as necessary</i> 5. Identify, develop, and approve needed policies for effective program operation. <i>ongoing</i> 6. Coordinate between remedy implementation and community health program operations. <i>ongoing</i> 7. Provide necessary coordination and transfer of program data. <i>ongoing</i> 8. Provide oversight to the planning, implementation, and evaluation of the program. <i>ongoing</i> 9. Review program evaluation methods and results; modify program as necessary. <i>ongoing</i>

February and March Activities and Tasks
Due to members' leave and travel schedules the Steering Committee did not meet in February or March.
April Activities and Tasks
Meeting scheduled for Wednesday 04/05/2006. Continue work on annual evaluation reports.
Future Activities and Tasks
Release annual data and program evaluation reports.

**VB/I-70 Community Health Program
February/March 2006 Status Report
Subcommittee Report**

Arsenic Data and Case Management Subcommittee	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
CDPHE	Jane Mitchell - chair

Arsenic Data and Case Management Subcommittee Tasks
<ol style="list-style-type: none"> 1. Identify and select preferred reporting methods and format for arsenic data. [<i>Complete</i>] 2. Develop a quality assurance and quality control plan for arsenic data management. [<i>Complete</i>] 3. Develop a secure database system to assist with arsenic data management, reporting, and tracking. [<i>Complete</i>] 4. Develop acceptable case tracking protocols. [<i>Complete</i>] 5. Develop case coordination protocols. [<i>Complete</i>] 6. Identify appropriate trigger levels for case management and case coordination. [<i>Complete</i>] 7. Develop evaluation and reporting mechanisms, and schedule for arsenic data and case management issues. [<i>In progress</i>] 8. Report to the Steering Committee on progress, status, and issues requiring resolution. [<i>On-going</i>]

February 2006 Activities and Tasks
Staff completed database entry, quality control, and record edits for all arsenic data and 90% of the lead data and has begun data analysis to support year-end reporting.
March 2006 Activities and Tasks
Compiled arsenic data analysis package for arsenic biomonitoring subcommittee/focus group members prior to March committee meeting. Worked with DEH to resolve discrepancies in their tracking spreadsheet.
April Activities and Tasks
Present recommendations for biomonitoring to EPA, CHP Steering Committee members, and the community.
Future Activities and Tasks
Attend meetings as needed and requested as Year 2 biomonitoring program is developed.

**VB/I-70 Community Health Program
February/March 2006 Status Report
Subcommittee Report**

Biomonitoring Subcommittee	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
DHHA	Marti Potter
	Linda Kauffman
CDPHE	Mishelle Macias – co chair, Lead
	Jane Mitchell – co chair, Arsenic
Community Technical Advisor	Michael Kosnett, MD (CEASE)
ATSDR	Chris Poulet
DHHA	Paul Melinkovich, MD
PEHSU	Mark Anderson, MD

Biomonitoring Subcommittee Tasks

1. Identify and select preferred biological media and test methods for arsenic and lead biomonitoring. **Complete**
2. Recommend preferred methodologies for biological sample collection. **Complete**
3. Develop a quality assurance/quality control plan for biomonitoring program.
4. Identify and evaluate suitable laboratory protocols and assist with selection of acceptable analytical laboratories with a demonstrated ability to meet program data quality requirements. **Complete**
5. Develop required consent agreements to provide informed consent for community members considering participation in biomonitoring program. **Complete**
6. Coordinate with DHHA to address HIPPA concerns with blood lead biomonitoring activities and to provide required data confidentiality. **Complete**
7. Develop mechanisms to ensure the medical confidentiality of biomonitoring information. **Complete**
8. Ensure that appropriate state IRB reviews are conducted, if required, and coordinate with DHHA to determine need for COMIRB review. **Complete**
9. Interface with the community outreach and health education planning process as needed. **Complete**
10. Develop evaluation and reporting mechanisms, and schedule for biomonitoring issues, as requested by the steering committee. **Ongoing**
11. Report to the Steering Committee on progress, status, and issues requiring resolution. **Ongoing**

February Activities and Tasks

Staff attended the Lead Data subcommittee meeting. Lead biomonitoring staff worked with Martha Hoff to reconcile report information with Denver Health's report information. No new referrals from CDPHE to NDHC occurred. The arsenic biomonitoring subcommittee/focus group meeting was rescheduled for March 9th due to unforeseen circumstances for one of the committee members. Staff coordinated with Noel Stanton at WDHL to provide lead QC samples for 2006 lead biomonitoring clinics.

March Activities and Tasks

The arsenic program and lead program biomonitoring staff met to discuss strategies for future biomonitoring. Lead biomonitoring staff began ordering testing supplies. Arsenic biomonitoring subcommittee members met with other biomonitoring focus group members to review arsenic testing data and discuss recommendations for Year 2 and Year 3 arsenic biomonitoring. Recommendations from the group will be provided to EPA. Arsenic program staff provided revisions to DEH biomonitoring template to reflect revised program totals based on QA/QC checks of the program database.

April Activities and Tasks

Staff will attend and participate in meetings and subcommittees as needed and requested. Lead staff will convene a meeting with DHHA lab, DHHA staff, and biomonitoring staff to discuss implementation and solidify roles. Staff will continue to work with Medtox Lab to resolve sample quantity issues for QC samples and revise collection protocol as necessary. Staff will compile arsenic biomonitoring subcommittee/focus group recommendations for the 2006 field season and present recommendations to EPA and community members.

Future Activities and Tasks

Participate in meetings and committees as necessary and requested. Develop revised biomonitoring protocols based on directions from the CHP Steering Committee.

**Lead and Case Management Data Work Group
Meeting Minutes
February 13, 2006**

Present: Mark Anderson M.D – chair, Mishelle Macias, Marti Potter, Martha Hoff, Rashonda Gordon, Gene Hook, Kevin McCullen, Ingrid Cannon, Jessica Luna

Issues/Discussions	Actions/Decisions	Responsible Person	Timeline
Case Management Reports Draft	<ol style="list-style-type: none"> 1. Use a different variation of the wording, "No contact possible". 2. Show referred patients to NEDH whom have an elevated level or QNS and have not had a confirmatory venous. 3. Utilize Marti's and Rashonda's flow charts for reports. 4. Gene to provide Kevin with data for report. 	Kevin, Rashonda and Marti Gene	03/13/06
VBI- 70 / Denver Mapping Draft	<ol style="list-style-type: none"> 1. Add VB/I-70 to Map titles 2. Replace VB/I-70 Testing Area to <i>Boundary of VB/I-70</i> on Patients Tested in Denver County Map. 3. Map VB/I-70 Testing Area by Lead Level, display <u>confirmed</u> patients with lead level of 10 or higher. 4. Incorporate patients that are in the VB/I-70 Boundaries for 12 hours or more per week. 5. Include a summary/text box of data being viewed. 6. Integrate an icon to distinguish a site with multiple lead tests. 	Kevin	

	<ol style="list-style-type: none"> 7. Use a different icon for each age group. 8. Include a variable to illustrate the amount of patients whom arrive for lead testing that reside outside of the VB/I-70 boundaries and spend <12 hours in the perimeters. 9. Martha to give Kevin the most current VB/I-70 boundaries for reporting accuracy. 10. Resolve addresses. Kevin will send Jessica the addresses in question to verify from original documents. 11. Do not use Invisions address data for VB/I-70 reporting. Keep the Lead Database and Invision separate. 	<p>Martha</p> <p>Kevin and Jessica</p>	03/13/06
Lead Sample Reconciliation	<ol style="list-style-type: none"> 1. Discrepancies of amount of samples taken for lead between CDPHE and Denver Health. 2. Unaware of what is being counted or not counted (i.e., QC samples, repeats, duplicates) for reports. 3. Mishelle to send report to Martha. 	Mishelle	03/13/06
Case Management Flow Charts	<ol style="list-style-type: none"> 1. Replace Northeast Housing to Gene Hook. 2. Eliminate refer to state if client has a PCP outside of Denver Health. 3. 0-4.9, refer to Gene if initial capillary lead level is 10 >, otherwise no referral. 4. 05-9.9, if client assigned to PCP, MD will be notified. 5. 10-45, 2nd break down, lead level of 10-20 and 21-45. 6. If patients lead level falls between 10-20, instruct client to go to the Urgent Care Clinic. 7. If patients lead level is 20-45, consult MD. 8. >45, add bring to PUCC when informing the patient to arrange an appointment with PCP. 9. >45, if unable to make contact with patients within 2 		

	<p>days, refer to State.</p> <p>10. If venous results confirm a lead level of >45, take immediate action.</p> <p>11. Confirmatory level of >45, contact treatment facility and then Gene.</p> <p>12. Revisions of the flow charts will be ready for second review.</p>	Jessica	03/13/06
Patient Case Management Letter	<p>1. Marti and Rashonda distributed drafts of lead letters but due to time, were unable to review. Everyone took copies and will e-mail Marti and Rashonda with comments.</p> <p>2. 2nd draft.</p>	Jessica	03/13/06
NE Housing follow-up/Lead flow sheet	<p>1. Has been revised, alterations no longer necessary. Attached to e-mail.</p>		03/13/06

NEXT MEETING
March 13, 2006 12n-1pm
CHS Large Conference Room

Lead and Case Management Data Work Group

Meeting Minutes

March 13, 2006

Present: Mark Anderson M.D – chair, Mishelle Macias, Marti Potter, Rashonda Gordon,
Gene Hook, Ingrid Cannon, Jessica Luna

Issues/Discussions	Actions/Decisions	Responsible Person
Case Management Reports	<ol style="list-style-type: none"> 1. Kevin sent us all a 2nd draft of the case management reports and mapping via e-mail on 03/10/06 2. Kevin did not attend this meeting due to another obligation. Please refer all Case Management Report and Mapping questions/concerns to him, continue discussion at the next meeting 3. Question raised regarding attaching a lead level to QNS samples, discuss at next meeting 	Martha
Mapping	<ol style="list-style-type: none"> 1. Would like to see mapping on transparencies 2. Check the names of the clients with a confirmatory venous of 10> on map Area by Leadlevel, appears to be 1 extra high level on maps 3. Jay and Kevin to verify VBI-70 boundaries 4. Jane to verify 12hr rule for addresses 5. Recommend use of a different icon for pregnant women 	Kevin to Rashonda Jay and Kevin Gene and Martha Kevin
Case Management – flowcharts	<ol style="list-style-type: none"> 1. Add, post f/u, to flowchart titles after capillary 2. 0-4.9, remove step involving NEDH 3. 05-9.9, replace Gene Hook with NEDH 4. 10-45, remove <i>instruct client to Urgent Care</i>. It is not necessary for clients to go to the Urgent Care Clinic but client should see their PCP within 2days with a confirmatory Lead level of 10-45 	Jessica

	5. Unknown if NEDH is aware of referrals we will be giving them	Martha
Lead Flowchart	1. CDPHE faxes Lead results to the Lead Coordinator 2. Remove, Results return to CDPHE	Jessica
Patient Case Management Letters	1. Received feedback on the Repeat letter - be more specific of location of drawing site- letter modified and submitted to group 2. Correct Ingrid's contact number 3. Send comments/suggestions to Jessica	Jessica
Reconciling Samples	1. DHHA identified two QC samples in the report, numbers now correspond, corrections to be made 2. Monitor monthly	Rashonda and Kevin
Patient Education Materials	1. Reviewed DHHA's patient education material on Lead 2. Indicate the symptoms mentioned are due to very high Lead levels 3. What are some things that may contain lead a. Clarify it is old house paint that contains lead b. Eliminate the word "Imported", make clear it is toys and candy from Mexico/China c. Add soil to the list 4. Do not include VBI-70 Lead neighborhood flyer in mailing of results	Marti to submit ideas to Patient Education for web site change Marti to send for Spanish translation

NEXT MEETING
April 10, 2006 12n-1pm
CHS Large Conference Room

**VB/I-70 Community Health Program
February and March 2006 Status Report
Small Grants and Community Funds Report**

Small Grants

Number of Small Grants Proposals Received (February/March 2006): 0

Number of Small Grants Proposals Received to Date: 3

Number of Small Grants Awarded (February/March): 0

Number of Small Grants Awarded to Date: 3

Cumulative Total Award Amount: \$6,250.00

New Awards Summary: no new awards (February/March 2006)

Community Funds Report

Funds Dispersed in February and March (2006): none

Cumulative Funds Dispersed: \$1916.00

NOTE: The VB/I-70 Community Health Program continues to seek grant and community funds applicants. Please contact Jay Salas, DEH VB/I-70 CHP, at 720-865-5463.